



Joel A. Giambra  
County Executive

# ERIE COUNTY 2007 CULTURAL FUNDING APPLICATION “A”

(optional for organizations with budgets under \$500,000)

May 2006

## ELIGIBILITY REQUIREMENTS

### Section I: SCREENING CHECKLIST

(For applicants not reviewed by the County Cultural Board and not funded by the County in FY2004). If you cannot answer “yes” to ALL of the following, please do not submit an application. If your organization was recommended for or received funding in 2005, refer to Section II below and complete the remainder of the application.

	Satisfied (please check below)	
	Yes	No
a. Proof of Not-for-Profit status	_____	_____
b. Documented Service for 3-year minimum (history of program/service per attendance and budget profile)	_____	_____
c. Eligible Funding Purpose		
...Not an umbrella/coalition	_____	_____
...If Educational/Instructional, has significant public presenting/service role	_____	_____
...Eligible Funding Purpose (per guidelines)	_____	_____
d. Can provide all information required in the application form and submittal checklist	_____	_____

### Section II. SUBMITTAL CHECKLIST (For All 2007 Applicants)

- \_\_\_\_\_ Signed and dated the application certification on page iii (both volunteer Board Chair and CEO/Manager).
- \_\_\_\_\_ Reviewed and complied with eligibility requirements, other process requirements, and review criteria.
- \_\_\_\_\_ Sent application in PDF format with supplemental information (see below) or if mailing, enclosed 2 complete copies of the application (staple, do not bind), including:
  - \_\_\_\_\_ 2 copies of Annual Financial Statement for most recent fiscal year, prepared and signed by an independent accountant or independent certified public accountant (audited preferred).
  - \_\_\_\_\_ 2 copies of your most current Federal Tax Return (Form 990).
  - \_\_\_\_\_ 2 copies of your Bd. of Directors List (see page 3 for details).
  - \_\_\_\_\_ 2 copies of your annual report (if applicable).
  - \_\_\_\_\_ 2 copies of a current year cash flow forecast - required for organizations with operating budgets of \$1,000,000 or more. Other applicants, please provide if available.
  - \_\_\_\_\_ 2 copies of current brochures, press clippings, and other publicity/program/event materials, e.g., cassettes and videos.
  - \_\_\_\_\_ 2 copies of in-kind services list for last completed fiscal year and current fiscal year to date.
  - \_\_\_\_\_ 2 copies of not-for-profit documentation (for applicants not funded in previous FY).
  - \_\_\_\_\_ 2 copies of your current State of New York Charitable Organization Annual Financial Report (Form CHAR497). This form may be downloaded from <http://www.oag.state.ny.us/charities/charities.html>.

**Section III. Do you anticipate your organization experiencing any of the following: answer Yes (Y) or No (N)**

- \_\_\_\_\_ Change of executive director
- \_\_\_\_\_ Layoff of 10% or more of staff
- \_\_\_\_\_ Turnover of 30% or more of staff
- \_\_\_\_\_ Hiring of first professional staff
- \_\_\_\_\_ Opening a new building
- \_\_\_\_\_ Major construction
- \_\_\_\_\_ Cancellation of capital improvements or expansion plans
- \_\_\_\_\_ Borrowing of funds from any source
- \_\_\_\_\_ Budget deficits
- \_\_\_\_\_ Increase in budget of over 25%
- \_\_\_\_\_ Loss of significant funding that will adversely affect the organization's ability to fulfill its mission
- \_\_\_\_\_ Public pressure to cancel or alter exhibit content
- \_\_\_\_\_ Merger with another institution
- \_\_\_\_\_ Organizational restructuring
- \_\_\_\_\_ Significant change of mission/purpose
- \_\_\_\_\_ Other

***If you answered yes to any of the above, describe the circumstances related to the situation(s).***

I attest that as an organization funded by the County of Erie in FY 2004 or FY 2005, the not-for-profit and/or 501(c)(3) documentation on file at the County of Erie remains valid:

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Title)**CERTIFICATION**

The following representatives attended the May 9, 2006 Applicant Briefing:

1. \_\_\_\_\_ 2. \_\_\_\_\_

The undersigned certifies that he/she is a principal officer and CEO Manager of the applicant organization and has knowledge of, and certifies that the information contained herein is complete and accurate. Furthermore, the undersigned certifies that the applicant-sponsored activities are open to the general public, advertised as such, and not subject to discrimination based on sex, race, creed, religion or national heritage.

\_\_\_\_\_  
(Signature – Volunteer Board Chair)\_\_\_\_\_  
(Print Name)\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Signature – CEO/Manager)\_\_\_\_\_  
(Print Name)\_\_\_\_\_  
(Date)\_\_\_\_\_  
APPLICANT ORGANIZATION (type or print)**Reminder:**

The application is available at [www.erie.gov](http://www.erie.gov) in PDF format. An email copy of the application is available from Linda Grant at Erie County (858-4914), [grantl@erie.gov](mailto:grantl@erie.gov). Responses must be typed. Do not use the back of pages. If additional space is needed, you may insert one page in sequence.

**The application deadline is June 5, 2006. If possible, please submit completed application and supplemental information to [grantl@erie.gov](mailto:grantl@erie.gov) in PDF format.**

**I. GENERAL INFORMATION****Legal/Payee Name of Organization****Mailing Address**

(Street)

(City, State, Zip code)

**Website Address****Exec. Dir./Manager/or Volunteer Contact**

(Name/Title)

(Phone/Fax Number/e-mail)

**Person Who Prepared Application**

(Name/Title)

(Phone/ Fax/ e-mail)

**Board Chair Person**

(Name)

(Street)

(City, State, Zip code)

(Phone/Fax Number/e-mail)

**Applicant's Financial Contact Person**

(Name/Title)

(Phone/Fax Number/e-mail)

**Applicant's Federal Tax Identification No.****What year incorporated as a not-for-profit?  
(cultural) organization?****501(c) 3 status? If so, what year?****How long providing services in Erie Co.?****2007 Funding Requested**

\$ \_\_\_\_\_

**2005 Funding Requested/Received/Recommended**\$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Requested) (Received) (Recommended)**Organization's Fiscal Year**

(Start Date) (End Date)

**Funds will be used in which of your fiscal years?**

(Start Date) (End Date)

**III. APPLICANT DATA SUMMARY**

(dollar totals from page 6 with line references)

	Previous FY Actual	Budget	Current FY Year to date
<b>*Total Income</b> \$			
<b>(Line 17)</b>			
* Earned (line 6) \$			
*Foundation \$			
(line 8)			
*Corporate (line 7) \$			
* Private (line 9) \$			
*Public \$			
(lines 10-14)			
<b>*Total Expenses</b> \$			
<b>(Line 29)</b>			
<b>*Employees (#)</b>			
Full-time (#)			
Part-time (#)			
<b>Board Members</b>			
<b>(page 3)</b>			
<b>Volunteers (#)</b>			
<b>Attendance (tot.#)</b>			
<b>(page 4)</b>			
Paid (#)			
Unpaid (#)			
Erie Co. Res. (#)			
Non-Residents (#)			

(Refer to p. 4 for Resident data)

**II. FUNDING INFORMATION**

1

Use space provided (if necessary, attach one page to application page...use computer or type).

**IV. FUNDING REQUEST BACKGROUND**

***A. Funding request background***

*Explain the reason for this funding request.*

***B. Responsiveness to ECCRAB's prior Evaluations/Observations.***

*How has your organization responded to/progressed regarding evaluation/observation comments from the previous two years and suggestions provided by ECCRAB? **Be specific by listing past recommendations/observations and actions taken.***

**V. MISSION/SIGNIFICANCE OF PROGRAMS, SERVICES, ACTIVITIES**

***A. What is your organization's primary purpose as articulated in your Mission Statement or Articles of Incorporation?***

*B. Do you have a strategic plan? If yes, what are your organization's short and long-term management and artistic/programmatic objectives? If not, how do you determine your organization's artistic/programmatic objectives? What are they?*

*C. Are you collaborating with any organizations on artistic/programmatic activities?*

*D. Provide a list of your organization's programs using page 9 of this application.*

## **VI. MANAGERIAL COMPETENCE AND ORGANIZATIONAL VIABILITY**

*A. Attach your organizational charts detailing Board Committee structure and staff structure, including Departments, Managers and supervisory personnel.*

*B. Attach list current board members by name, officer position and profession. Indicate officers and number of years served by each member. (this question is also asked by NYSCA on page 3 of their application).*

- 1. Per your by-laws, what is the maximum Board membership? \_\_\_\_\_*
- 2. Current Board membership? \_\_\_\_\_*
- 3. How often does your Board meet? \_\_\_\_\_*
- 4. What constitutes a quorum? \_\_\_\_\_*
- 5. In the last year how often did you have a quorum at your Board meetings? \_\_\_\_\_*
- 6. Do you have a policy regarding board members making financial contributions to your organization? \_\_\_\_\_ If so, what is it? \_\_\_\_\_*
- 7. In the last year, what percent of your board members made a financial donation? \_\_\_\_\_*
- 8. Do you have terms limits for board members and/or officers? \_\_\_\_\_ If so, what are they? \_\_\_\_\_*

**C.** *Are you collaborating with any organization on administrative/managerial (non-artistic) activities? (Examples include payroll, purchasing, ticketing, and marketing.) If yes, please explain. If not, why?*

**D. 1.** *How many Erie County residents do you provide services to each year? How do you document this information?*

**2.** *How many non-residents do you provide services to each year? (Remember to include audiences outside Erie County that you have traveled to in order to provide services.) How do you document this information?*

#### **VII. DIVERSITY (DEMOGRAPHIC) BACKGROUND**

*For your information, the following Erie County demographics have been provided:*

<b>Age:</b>		<b>Ethnicity:</b>		<b>Sex:</b>	
Under 5	6.1%	African-American	13.0%	Male	47.8%
Under 18	24.3%	Asian	1.5%	Female	52.2%
Over 65	15.9%	Caucasian	82.2%		
		Hispanic	3.3%		
		Native American	0.6%		

**A.** Diversity Profile – provide an estimated percentage of diversity in the following categories:

	BOARD	STAFF	VOLUNTEERS
African American	_____	_____	_____
Asian	_____	_____	_____
Caucasian	_____	_____	_____
Hispanic	_____	_____	_____
Native American	_____	_____	_____
Other	_____	_____	_____
TOTAL %	_____100_____	_____100_____	_____100_____
Male	_____	_____	_____
Female	_____	_____	_____
TOTAL %	_____100_____	_____100_____	_____100_____

**B.** Accessibility Profile - provide estimated percentages of your audience in the following categories:

\_\_\_\_\_  
(Name of Organization)

AGE LEVELS		ETHNICITY		SEX	
0-5	_____	African-American	_____	Male	_____
6-12	_____	Asian	_____	Female	_____
13-17	_____	Caucasian	_____	TOTAL*	_____100_____
18-34	_____	Hispanic	_____		
35-54	_____	Native American	_____		
55-59	_____	Other (specify)	_____		
60-64	_____	TOTAL*	_____100_____		
65+	_____				
TOTAL*	_____100_____				

*\*All totals indicated with an asterisk (\*) must show the same number.*

**C.** Is your facility ADA compliant? \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Not Applicable

**VIII. ADDITIONAL INFORMATION**

*If there is something you would like the reviewers to know that we have not asked for in the application, please use this space.*



**IX. DOCUMENTATION OF FISCAL ACCOUNTABILITY**

**A. Does your organization have an accumulated operating: \_\_\_\_\_ Surplus \_\_\_\_\_ Deficit (check one).  
If yes, what is it? \$ \_\_\_\_\_ (Do not include endowment & capital funds.)**

		Last completed Fiscal Year (actual)	Current Fiscal Yr. (actual plus projections) Total Organization	Request Year (projections) Total Organization
	<b>CASH INCOME</b>			
1	Admissions			
2	Contracted Services			
3	Tuition/Workshop fees			
4	Gross from Fundraising Events			
5	Other Earned Revenue			
6	<b>TOTAL EARNED INCOME</b>			
7	Corporate/Business Support			
8	Foundation Support			
9	Individual/Other Private Support			
10	Government/Federal/NEA			
11	Government/Federal/Other			
12	Government/State/non-NYSCA			
13	Government/County			
14	Government/Municipal/Local			
15	<b>TOTAL CONTRIBUTED INCOME</b>			
16	Other Revenue			
17	<b>TOTAL CASH INCOME</b>			
	<b>CASH EXPENSES</b>			
18	Personnel/Administrative			
19	Personnel/Artistic			
20	Personnel/Technical/Production			
21	Fringe Benefits			
22	Outside Artistic Fees & Services			
23	Outside Other Fees & Services			
24	Re-grants			
25	Space			
26	Travel			
27	Marketing/Advertising			
28	Remaining Operating Expenses			
29	<b>TOTAL CASH EXPENSES</b>			
30	Surplus (Deficit) before NYSCA			
31	NYSCA Grants Received/requested			
32	<b>Total Continuing Multiyear Support</b>			
33	Surplus (Deficit) after NYSCA			
34	Net Cash Increase (Decrease)			
	<b>IN-KIND CONTRIBUTIONS</b>			
35	Value of In-kind Goods/Services			
	<b>ORGANIZATIONAL ASSETS</b>			
36	Total Value Savings/Checking			
37	Total Value Endowment Funds			

**SUPPLEMENTAL FINANCIAL INFORMATION**

<b>TOTAL REVENUE</b>	<b>\$</b>
Revenue received from Memberships	<b>\$</b>
% of Earned Income to Total Revenue	%
% of Private Contributions to Total Revenue	%
% of Public Funding to Total Revenue	%
<b>TOTAL EXPENSES</b>	<b>\$</b>
Interest paid on operating loans	<b>\$</b>
% of Salaries and Fees to Total Expenses	%
% of Administration/Operations to Total expenses	%
% of Programming to Total Expenses	%
% of Fundraising/Marketing to Total Expenses	%
In the last fiscal year what did you pay in:	
o Utilities	<b>\$</b>
o Office supplies/equipment/rentals	<b>\$</b>
o Printing/copying/postage	<b>\$</b>

*Indicate on this chart (or your comparable attachment) programs, exhibits, performances provided by your organization in the City of Buffalo/County of Erie in the past year and your current fiscal year-to-date.*

[illegible]

**ORGANIZATION:** \_\_\_\_\_

**FISCAL YEAR: Start**\_\_\_\_\_ **End**\_\_\_\_\_

**\*Do not include benefits in salary amounts.**